

B6A (Official Form 6A) (12/07)

In re Gwendolyn Lorita Martin

Case No. 15-56724

Debtor

SCHEDULE A - REAL PROPERTY - AMENDED

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
2950 Kayla Court, Atlanta GA 30349 (Owned No Mortgage)	Fee Simple (Land)	J	44,550.00	0.00
Cost of sale = \$75,000 minus cost of sale 7,500.00 Debtor has a 50% interest and also a 1/3 interest in her deceased husband's estate's portion				
4020 Pierce Road Atlanta, GA 30349 \$12,300 assessed land value Cost of sale \$1230.00	Fee Simple (Land)	J	3,653.10	0.00
Debtor is a beneficiary of deceased husband's intestate estate Debtor has a 1/3 interest in the property There is no longer a building or structure on the land due to a fire.				

Sub-Total > **48,203.10** (Total of this page)

Total > **48,203.10**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re Gwendolyn Lorita MartinCase No. 15-56724

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT - AMENDED

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Real Property</u> 2950 Kayla Court, Atlanta GA 30349 (Owned No Mortgage)	O.C.G.A. § 44-13-100(a)(1)	21,500.00	67,500.00
Cost of sale = \$75,000 minus cost of sale 7,500.00 Debtor has a 50% interest and also a 1/3 interest in her deceased husband's estate's portion			
<u>Cash on Hand</u> Cash on Hand	O.C.G.A. § 44-13-100(a)(6)	10.00	10.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u> Checking Account w/Wells Fargo	O.C.G.A. § 44-13-100(a)(6)	275.00	275.00
<u>Household Goods and Furnishings</u> Household Goods and Furnishings	O.C.G.A. § 44-13-100(a)(4)	2,500.00	2,500.00
<u>Wearing Apparel</u> Wearing Apparel	O.C.G.A. § 44-13-100(a)(4)	600.00	600.00
<u>Furs and Jewelry</u> Jewelry	O.C.G.A. § 44-13-100(a)(5)	400.00	400.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u> 401K w/ Piedmont	O.C.G.A. § 44-13-100(a)(2.1)	42,000.00	42,000.00

Total:	67,285.00	113,285.00
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

Fill in this information to identify your case:

Debtor 1 Gwendolyn Lorita Martin

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 15-56724
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	Supervisor	
Include part-time, seasonal, or self-employed work.	Employer's name	Piedmont Fayette Hospital	
Occupation may include student or homemaker, if it applies.	Employer's address	Suite 1000 2727 Paces Ferry Road Atlanta, GA 30339	
How long employed there?		18 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 4,776.00	\$ N/A
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	\$ 4,776.00	\$ N/A

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 4,776.00	\$ N/A

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ 463.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 293.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 124.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: HSA	5h. + \$ 46.00	+ \$ N/A

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 926.00	\$ N/A
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7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ 3,850.00	\$ N/A
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8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ N/A

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ 0.00	\$ N/A
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10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ 3,850.00	+ \$ N/A	= \$ 3,850.00
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11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: 11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12.	\$ 3,850.00
Combined monthly income	

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.
☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1 Gwendolyn Lorita Martin

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 15-56724
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.
Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00

4b. \$ 187.00

4c. \$ 75.00

4d. \$ 0.00

5. \$ 0.00

Debtor 1 Gwendolyn Lorita Martin

Case number (if known) 15-56724

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	230.00
6b. Water, sewer, garbage collection	6b. \$	120.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	196.00
6d. Other. Specify: <u>Security System</u>	6d. \$	45.00
<u>Pest Control</u>	\$	26.00
7. Food and housekeeping supplies	7. \$	500.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	75.00
10. Personal care products and services	10. \$	55.00
11. Medical and dental expenses	11. \$	60.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	325.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	230.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Ad Valorem</u>	16. \$	30.00
Specify: <u>Property Taxes</u>	\$	25.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: <u>Aarons Rental</u>	21. +\$	120.03
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	2,299.03
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	3,850.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$	2,299.03
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,550.97

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

Fill in this information to identify your case:

Debtor 1 Gwendolyn Lorita Martin

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number **15-56724**
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☒ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ Not married. Fill out Column A, lines 2-11.
- ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>4,427.14</u>	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ _____
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u> Copy here ->	\$ _____
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u> Copy here ->	\$ _____

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$
8. Unemployment compensation	\$ 0.00	\$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a. Daughters Contribution	\$ 350.00	\$
10b.	\$ 0.00	\$
10c. Total amounts from separate pages, if any.	+ \$ 0.00	\$
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 4,777.14	\$ 4,777.14
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ 4,777.14

13. Calculate the marital adjustment. Check one:

☒ You are not married. Fill in 0 on line 3d.

☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. \$

13b. \$

13c. +\$

13d. Total \$ 0.00

Copy here=> 13d. - 0.00

14. Your current monthly income. Subtract line 13d from line 12. 14. \$ 4,777.14

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=> 15a. \$ 4,777.14

Multiply line 15a by 12 (the number of months in a year).

15b. The result is your current monthly income for the year for this part of the form. 15b. \$ 57,325.68

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

16. Calculate the median family income that applies to you. Follow these steps:

- 16a. Fill in the state in which you live. GA
- 16b. Fill in the number of people in your household. 1
- 16c. Fill in the median family income for your state and size of household. \$ 41,650.00
- To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 22C-2).*
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2). On line 39 of that form, copy your current monthly income from line 14 above.*

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 4,777.14

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. \$ 0.00

Subtract line 19a from line 18.

19b. \$ 4,777.14

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b \$ 4,777.14

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form

20b. \$ 57,325.68

20c. Copy the median family income for your state and size of household from line 16c \$ 41,650.00

21. How do the lines compare?

- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years. Go to Part 4.*
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years. Go to Part 4.*

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Gwendolyn Lorita Martin

Gwendolyn Lorita Martin

Signature of Debtor 1

Date **August 4, 2015**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Gwendolyn Lorita Martin

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number **15-56724**
(if known)

☐ Check if this is an amended filing

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 583.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 Gwendolyn Lorita Martin

Case number (if known) 15-56724

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 60
 7b. Number of people who are under 65 X 1
 7c. Subtotal. Multiply line 7a by line 7b. \$ 60.00 Copy line 7c here=> \$ 60.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 144
 7e. Number of people who are 65 or older X 0
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy line 7f here=> \$ 0.00

7g. Total. Add line 7c and line 7f \$ 60.00 Copy total here=> 7g. \$ 60.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

Housing and utilities - Insurance and operating expenses
 housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 508.00

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,315.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.
 To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor Average monthly payment

-NONE- \$ 0.00

9b. Total average monthly payment

\$ 0.00

Copy line 9b here=> -\$ 0.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

9c. \$ 1,315.00

Copy line 9c here=> \$ 1,315.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

☒ 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **512.00**

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2010 Mercedes Benz 350ML w/70000

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divided by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<u>Gm Financial</u>	\$ <u>382.75</u>

Copy 13b here => -\$ **382.75** Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13c. \$ **134.25** Copy net Vehicle 1 expense here => \$ **134.25**

Vehicle 2 Describe Vehicle 2: 2010 Cheveolet Malibu w/84000 miles

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ **517.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
<u>Automotive Credit Corporation</u>	\$ <u>311.17</u>

Copy 13e here => -\$ **311.17**

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

13f. \$ **205.83** Copy net Vehicle 2 expense here => \$ **205.83**

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 523.76
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
as a condition for your job, or
for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. +\$ 25.00
24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. \$ 3,866.84

Additional Expense Deductions

These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | | |
|------------------------|-----------|----------------------|--|
| Health insurance | \$ | <u>114.00</u> | |
| Disability insurance | \$ | <u>0.00</u> | |
| Health savings account | + \$ | <u>21.24</u> | |
| Total | \$ | <u>135.24</u> | Copy total here=> \$ <u>135.24</u> |

Do you actually spend this total amount?

- ☐ No. How much do you actually spend?
\$ _____
- ☒ Yes

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.
By law, the court must keep the nature of these expenses confidential. \$ 0.00

Best Case Bankruptcy

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____ + 60 = \$ _____	
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☒ No. Go to line 36.
☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **0.00** ÷ 60 \$ **0.00**

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).
 To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ _____
 X _____
 \$ _____
 Copy total here=> \$ _____
 \$ **991.28**

37. Add all of the deductions for debt payment.
 Add lines 33g through 36.

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances	\$ 3,866.84
Copy line 32, All of the additional expense deductions	\$ 135.24
Copy line 37, All of the deductions for debt payment	+\$ 991.28

Total deductions	\$ 4,993.36	Copy total here=> \$ 4,993.36
------------------	--------------------	--------------------------------------

Debtor 1 Gwendolyn Lorita Martin

Case number (if known) 15-56724

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period \$ 4,777.14

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0.00

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 269.50

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here. => \$ 4,993.36

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances Amount of expense

43a. \$

43b. \$

43c. \$

43d. Total. Add lines 43a through 43c. \$ 0.00 Copy 43d here=> \$ 0.00

44. Total adjustments. Add lines 40 through 43d. => \$ 5,262.86 Copy total here=> -\$ 5,262.86

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ -485.72

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$

Debtor 1 Gwendolyn Lorita Martin

Case number (if known) 15-56724

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Gwendolyn Lorita Martin

Gwendolyn Lorita Martin

Signature of Debtor 1

Date August 4, 2015

MM / DD / YYYY

Debtor 1 **Gwendolyn Lorita Martin**

Case number (if known) **15-56724**

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2014 to 03/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment Income**

Income by Month:

6 Months Ago:	<u>10/2014</u>	<u>\$5,147.34</u>
5 Months Ago:	<u>11/2014</u>	<u>\$4,257.21</u>
4 Months Ago:	<u>12/2014</u>	<u>\$4,673.75</u>
3 Months Ago:	<u>01/2015</u>	<u>\$3,822.52</u>
2 Months Ago:	<u>02/2015</u>	<u>\$3,980.52</u>
Last Month:	<u>03/2015</u>	<u>\$4,681.51</u>
Average per month:		<u>\$4,427.14</u>

Line 10 - Income from all other sources

Source of Income: **Daughters Contribution**

Income by Month:

6 Months Ago:	<u>10/2014</u>	<u>\$350.00</u>
5 Months Ago:	<u>11/2014</u>	<u>\$350.00</u>
4 Months Ago:	<u>12/2014</u>	<u>\$350.00</u>
3 Months Ago:	<u>01/2015</u>	<u>\$350.00</u>
2 Months Ago:	<u>02/2015</u>	<u>\$350.00</u>
Last Month:	<u>03/2015</u>	<u>\$350.00</u>
Average per month:		<u>\$350.00</u>

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Northern District of Georgia

In re Gwendolyn Lorita Martin

Debtor

Case No. 15-56724Chapter 13

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	48,203.10		
B - Personal Property	Yes	3	69,810.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		50,339.87	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		2,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		87,065.26	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,850.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,299.03
Total Number of Sheets of ALL Schedules		20			
Total Assets			118,013.10		
Total Liabilities				139,405.13	

United States Bankruptcy Court
Northern District of Georgia

In re Gwendolyn Lorita Martin

Debtor

Case No. 15-56724Chapter 13**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	2,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	2,000.00

State the following:

Average Income (from Schedule I, Line 12)	3,850.00
Average Expenses (from Schedule J, Line 22)	2,299.03
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	4,777.14

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		26,314.87
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		2,000.00
4. Total from Schedule F		87,065.26
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		115,380.13

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Northern District of Georgia**

In re Gwendolyn Lorita Martin

Debtor(s)

Case No. 15-56724

Chapter 13

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 22 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 3, 2015

Signature /s/ Gwendolyn Lorita Martin

Gwendolyn Lorita Martin

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:)	Chapter 13
)	
Gwendolyn Echols Martin,)	Case No: 15-56724
)	
Debtor.)	JUDGE ELLIS-MONRO

CERTIFICATE OF SERVICE

I hereby certify that I am more than 18 years of age and that I have this day served a copy of the within amended schedules upon the following by depositing a copy of the same in U.S. Mail with sufficient postage affixed thereon to ensure delivery:

Gwendolyn Echols Martin

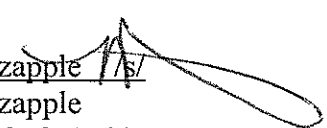
2950 Kayla Court
Atlanta, GA 30349

Herbert McGrew c/o Grant Stein
1201 West Peachtree Street
Atlanta, GA 30309

Probate Estate of William C.
Martin c/o Grant Stein
1201 West Peachtree
Atlanta, GA 30309

I further certify that, by agreement of parties, Mary Ida Townson, Standing Chapter 13 Trustee, was served via the ECF electronic mail/noticing system.

This 4th day of August, 2015:

Nicole Holtzapple 
Nicole Holtzapple
GA BAR NO. 940598
The Semrad Law Firm, LLC
101 Marietta Street, NW
Suite 3600
Atlanta, GA 30303
(678) 668-7160